

California - Child and Family Services Review

System Improvement Plan

MARCH 30, 2015 – MARCH 30, 2020



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Introduction

BACKGROUND – CHILD AND FAMILY SERVICES REVIEW (CFSR)

As the Social Security Act (SSA) was amended in 1994, the U.S. Department of Health and Human Services was authorized, to review State child and family service programs' consistency with the requirements of Titles IV-B and Title IV-E of the SSA through the Children's Bureau. In 2000, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR). Prior to this time, the Federal government had not evaluated State child welfare service programs using performance based outcome measures. It had monitored States solely looking at indicators of processes which were associated with how child welfare services were provided. The Adoption and Safe Families Act (ASFA) of 1997 influenced the expectation of the reviews. At the end of the day, the goal is to help states achieve consistent improvement in child welfare services delivery and outcomes essential to the safety, permanency and, well-being of children and their families.

CALIFORNIA – CHILD AND FAMILY SERVICES REVIEW (C-CFSR)

The C-CFSR, an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636) was passed by State legislature in 2001. The first C-CFSR was initiated in 2002. The C-CFSR sets forth the requirement for each County in the State of California to complete a County Self-Assessment (CSA) and System Improvement Plan (SIP) at least once every five years. This process is designed to allow each County, in collaboration with their community partners, to perform an in-depth assessment of Child Welfare Services which is referred to as Child Protective Services (CPS) in Sierra County and Juvenile Probation programs. As a State-County partnership, this accountability system is an enhanced version of the Federal oversight system mandated by Congress to monitor states' performance and is comprised of many elements as described above. Sierra County's C-CFSR cycle is March 30, 2015, through March 30, 2020.

The Sierra County C-CFSR team initially began with co-chairs Sierra County Health and Human Services Director Darden Bynum and California Department of Social Services (CDSS), Joti Bolina (current Consultant) Office of Outcomes and Accountability (CSOAB), Norma Zuniga (former Consultant) Office of Outcomes and Accountability (CSOAB), David Brownstein (former CSOAB Consultant), Lisa Botzler (former CSOAB Consultant) and Office of Child Abuse Prevention (OCAP), Theresa Sanchez (former OCAP Consultant) and Irma Munoz (current OCAP Consultant). Other team members include: Sierra County Health and Human Services Assistant Director Lea Salas, Sierra County Health and Human Services Consultant Suzanne Nobles, UC Davis – Northern Training Academy Consultant Jessica Iford, and, UC Davis – Northern Training Academy Consultant Nancy Hafer. This team planned both the two-day Peer Review event held

during the week of October 28, 2014, and the one-day Stakeholder event held on November 5, 2014.

QUARTERLY OUTCOME AND ACCOUNTABILITY DATA REPORTS & SYSTEMIC FACTORS

The California Child Welfare Indicators Project (CCWIP) is a collaborative between the University of California at Berkeley (UCB) and the California Department of Social Services (CDSS). CDSS and UCB provide quarterly data reports generated by UCB from information collected through California's child welfare administrative data system (CWS/CMS), which can be viewed at http://cssr.berkeley.edu/ucb_childwelfare/default.aspx. These quarterly reports include outcomes related to safety, permanency and well-being for each county in California. These reports are used to track County performance over time. Data used to inform and guide both the assessment and planning processes are also used to analyze policies and procedures. It also allows for systemic assessment of program strengths and limitations in order to improve service delivery.

For the purpose of the C-CFSR, systemic factors include: management information systems; county case review system; foster and adoptive parent licensing, recruitment and retention; staff, caregiver and service provider training; agency collaboration; service array; and a quality assurance system. Linking program processes or performances with Federal and State outcomes helps staff to evaluate their own progress and modify programs or practice as appropriate. Information obtained can be used by county staff to make informed decisions about future programs, goals, strategies, and community partnerships as well as identify necessary systemic changes. Although in many instances there is a lag in receipt of data information and input, for quality improvement, this reporting cycle is consistent with the idea data analysis is best viewed continually, as opposed to one-time, thus quarterly reports.

COUNTY SELF-ASSESSMENT (CSA) AND PEER REVIEW

The CSA is a comprehensive assessment of each county's CPS. This assessment provides an opportunity for the quantitative analysis of child welfare data. Embedded in this process is the Peer Review. The design of the Peer Review is intended to provide counties with issue-specific qualitative information gathered by outside peer experts. Information garnered through intensive case worker interviews and focus groups help to illuminate areas of program strength, as well as those in which improvement is needed. The Sierra County CSA is one piece of a larger continuous quality improvement process which relies on both qualitative and quantitative data to guide Sierra County CPS and Probation departments in planning for program enhancements.

Additionally, CPS and Probation must review systematic and community factors that correspond to the Federal review. Areas needing improvement are incorporated into a five year SIP, which is also developed in partnership with community stakeholders and partners. The SIP

must be approved by the Sierra County Board of Supervisors (BOS) and submitted to CDSS CSOAB and OCAP.

The findings of the CSA highlight priorities within the County which may include services delivered by community partners. The assessment guides the County to determine focus areas to expand efforts and funding to maximize positive outcomes for children and families. The CSA also provides rationale for the expenditure of Federal and State funds: Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT) and Community Based Child Abuse Prevention (CBCAP) programs. These funds support C-CFSR outcome improvement efforts. Allowable services and activities may be implemented or enhanced as strategies or action steps.

Sierra County Probation does not participate in the Title IV-E program which allowed for their non-participation in the Peer Review Process (See CSA p. 4 & SIP Attachment 1). If a placement were to occur, Probation could choose to use Title IVE funding and a plan would be submitted. Probation input is vital to the CSA and SIP.

Sierra County's most recent CSA was completed in June of 2015, and SIP goals and strategies have been identified and developed based on the findings in that CSA. Our efforts are built upon the need to improve collaboration and increase resources for families in our County despite limitations and the challenges Northern California small rural counties face. The commitment of staff in both CPS and Probation, and the support of our community partners, have been vital to our progress and will continue to be the foundation of our capacity to protect children from abuse in Sierra County while strengthening our families.

SIP Narrative

SIERRA COUNTY C-CFSR PLANNING TEAM

The Sierra County C-CFSR Planning Team is slightly different than the original C-CFSR Team which planned for the Peer Review and Stakeholder meeting which has been described above. The C-CFSR Planning Team currently consists of Sierra County Health and Human Services Director Darden Bynum, Sierra County Health and Human Services Assistant Director Lea Salas, Social Worker Supervisor Lisa Botzler, Eligibility Supervisor Lori McGee, and Fiscal Supervisor Judy Blakney. It is important to note FRC Director Tammy Muldoon, Mental Health Services Act (MHSA) Coordinator Laurie Marsh and Public Health Supervisor Shanna Anseth regularly meet with Darden Bynum, Lea Salas, and/or Lisa Botzler to discuss ways to partner. The SIP Planning Team began meeting in tandem with the writing of the CSA.

Sierra County collects information from Stakeholders during regularly scheduled meetings such as the Sierra County Child Abuse Council (SCCAC), First 5, and meetings with co-

located programs such as Mental Health, Alcohol and Other Drug Treatment (AOD) and Drug Court.

STAKEHOLDER FEEDBACK

Sierra County is very proud of Stakeholder involvement in the large Stakeholder convening on November 5, 2014. There were approximately 35 staff and community partners from CPS, Probation, law enforcement, Board of Supervisors, Office of Educations, parents, Family Resource Center, First 5, Behavioral Health, AOD, Workforce Development, Child Abuse Prevention Council, and several other community partners.

UC Davis Northern Training Academy facilitated the meeting by separating the Stakeholders into three groups. The Stakeholder meeting was so successful; First 5 has discussed reinitiating their Stakeholder Summit meetings.

Stakeholder Convening Participants

Merrill Grant	Sierra County Superintendent of Schools
Jeff Bosworth	Chief Probation Officer/Placement Officer
Judy Blakney	Chief Accountant
Peter Huebner	Board of Supervisor District 2
Paul Roen	Board of Supervisor District 3
John Hiatt	Social Worker III
Jamie Schlitz	Social Worker II/PSSF Collaborative
Marla Stock	Principal of Loyalton High School
Mike Filippini	Sierra County First 5
Vanessa Fatheree	Parent/Eligibility Worker
Shanna Anseth	Public Health Nurse /PSSF Collaborative
Carrie Higby	Sierra County Superior Court
Sandi Marshall	District Attorney/Victim Witness
Kasey Coonrod	Sierra Safe/ PSSF Collaborative
Suzie Shelton	Sierra Safe/ PSSF Collaborative
Robin Jaquez	Family Planning
Pam Filippini	Toddlers Towers
Kathryn Hill	Behavioral Health Supervisor/AOD
Rebecca Dunsing	Probation Officer
Tammy Muldoon	Family Resource Center/PSSF Collaborative/CAPC
Becky Kinkad	Mental Health Services Act Advisory Board/ PSSF Collaborative
Mary Wright	Sierra County Child Care Council/ PSSF Collaborative
Heidi Bethke	Loyalton School Psychologist

Amy Richards	Behavior Health Case Manager
Jennifer Lowery	UC Davis Regional Training Academy
Lisa Botzler	Former CDSSCSOAB Consultant
Darden Bynum, LCSW	Director Health and Human Services
Lori McGee	Eligibility Supervisor Health and Human Services
Lea Salas	Assistant Director Health and Human Services
Jessica Iford	UC Davis Regional Training Academy

Because Sierra County had no children in care for the previous three years, no former foster youth was available. As the C-CFSR process continues, if foster you come into care, they will be asked to participate as Stakeholders. Although Sierra County has in the past accessed Family Foster Agencies (FFA) none were invited. We are aware their collaboration is important, and they will be invited to all future Stakeholder events and communication. Court Appointed Special Advocates (CASA) is not an active organization in Sierra County. We have contacted Plumas County CASA to determine if Plumas County could support CASA in Sierra County. If Sierra County this is not feasible, and the need for this appears in the future, it can be further explored or substituted with another mentoring type program. There is no tribal affiliation in Sierra County (no Rancheria or other centralized tribal affiliation). There are also no current ICWA cases. In the event there is a need to access ICWA resources, the Department is prepared to reach out to these agencies, Tribes and/or Rancherias. In this instance, they would also become a part of our Stakeholder group.

The Stakeholders in attendance on November 5, 2014, shared their personal and professional experiences, answering a series of questions about the local understanding of the role of the CPS and Probation, the needs of the community, and how to improve the provision of meaningful services to children and families. The group was able to also provide a summary of the strengths and challenges they perceived in our community and a list of possible solutions that could be implemented in Sierra County.

Following the completion of the CSA, it became evident a C-CFSR Planning Team should include several identified community stakeholder's in the upcoming planning of the C-CFSR process. An effort was made to bring these stakeholder's together to become involved in the planning process. It was noticeable at the first meeting, which was held on June 18, 2015, more relationship building was necessary before this team could become a planning team. This team will continue to meet but will act as more of a task force for identified immediate concerns which may not be identified in the SIP Plan. For example at the second meeting, there was a recognized need to provide individuals who could assist with the Food Bank. This issue was discussed and a solution was quickly suggested which could also help Health and Human Services improve community perception. Health and Human Services staff can assist with the Food Bank and be available to participants for questions as well as provide education,

information and written materials about programs. Although it has not been officially recognized as a task force, for the purposes of this report, it will be referred to as such. Creating a task force which meets on a regular basis will assist Sierra County to identify needs and problem solve quicker as well as build trust among Stakeholders. This group will not take the place of other Stakeholder meetings which will be necessary to continue to monitor our SIP progress.

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

Strategies represented in the SIP Chart are to be consistent with the needs identified in the CSA. Sierra County has chosen to focus on systemic factors rather than specific outcome data measures in this SIP. The reason for this is twofold.

The size of Sierra County makes it difficult to gather significant relevant data from UCB's CCWIP website. For example, C1.1 "Reunification within 12 months (exit cohort)" is a measure followed on the CCWIP website. The definition of this measure or what is measured is:

Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

At the writing of the CSA, Sierra County did not have children in foster care. Therefore the likelihood Sierra County will have a large enough out-of-home care population to use data effectively is unlikely. It is not that data should not be reviewed and monitored. It is that it should not be viewed in and among itself. To further explain, if two children were in out-of-home care in Sierra County and one reunified within 12 months, but the other did not, we would have a 50% reunification rate. The National goal is 75.2%. It would be difficult for Sierra County to meet National Standards with the size of our out-of-home care population. When Daniel Webster, Principal Investigator at CCWIP was contacted directly, he recommended Sierra County utilize case reviews to monitor trends. Also, in a county which has an out-of-home care population as small as Sierra, it can be difficult to maintain anonymity when identifying markers are provided. For example, providing data which would include ethnic group, age group and/or gender could easily allow out-of-care youth and individuals to be identified.

Secondly, systemic factors are the foundation of any social services programs. The CSA recognized several systemic factors needing improvement in Sierra County. Sierra County needs to redesign services to meet community need while improving the perception of community members. It was determined the systemic factors identified at the Peer Review and Stakeholder meeting have negatively impacted services in Sierra County.

One identified systemic factor is training. This lack of staff training has lead to inconsistent data collection entered into CWS/CMS. This inconsistency contributes to inaccuracy of numeric data and difficulty trusting the interpretation of data as described above

to be useful. The inaccuracy of data collection and input into CWS/CMS is a residual effect of other systemic factors needing attention which were also identified in the Peer Review and Stakeholder meeting. Training which includes staff, caregivers and service providers as well as community members were also highlighted and could help with another identified systemic factor, agency collaboration.

At this point in time Sierra County is not accessing training and technical assistance through Federal partners or the various National Resource Centers (NRC) provided by the (Administration for Children and Families) ACF, United States Department of Health and Human Services. Sierra County will consider pursuing training and technical assistance with NRC if needs arise. Sierra County does utilize the Northern Regional Training Academy as well as technical assistance from CDSS. The training contract with the Northern Regional Training Academy has been increased from 6 to 10 trainings a year. Historically the Northern Regional Training Academy trainings have only included staff. Sierra County is making a conscious effort to invite community partners and community members. Other training opportunities will be explored and will be offered to our community partners as appropriate.

In addition to training, Sierra County Health and Human Services will put into place quality assurance/quality improvement (QA/QI) processes to better understand how services have been provided and how they are received. This QA/QI system will include a State initiated Case Review System where chosen case files are reviewed. In addition to a quantitative review, there is a qualitative component which will include interviews with recipients, collaterals and other providers. This form of feedback is instrumental in understanding our community and their needs and how better to serve them. Ninety-five percent (95%) of those not chosen for Case Reviews will have a Desk Review which consists of reviewing everything in the paper and/or electronic file. Desk Reviews will provide immediate feedback to the social worker supervisor and the social worker. Attention will be given to Structured Decision Making (SDM) tools, county specific forms and compliance to policy and procedures. All of which were identified as a need in the CSA (See CSA p. 73). By conducting Desk Reviews, we are able to better check for consistency, documentation completion and/or the need for new or changes to policy or procedure. The results of the Desk Reviews will allow us to improve our internal system and efficiency as well as improve how we provide services to families.

The negative perception the community holds of Sierra County Health and Human Services affects services provided, those providing services, and those who seek services. Over time, distrust has developed and shared through family and neighbors. Another reason Health and Human Services struggles with perception is some inaccurate beliefs by the community and community agencies about how the CPS system works. This distrust and inaccurate information creates hesitancy to work with Health and Human Services for families and agencies alike. It also can prohibit honesty with staff when families work with them. Part of this distrust has come from staff feeling unsupported at times as well as staff not following through with tasks.

It may have also appeared at times, because of lack of training, social workers did not know programs they were supporting. Sierra County also plans to staff the Downieville office at least four days a week. This will provide a presence in the West side of the County where services are lacking. CPS will be more accessible to recipients in that area. It will also allow us the opportunity to build collaborative partnerships with agencies and organizations which are essentially nonexistent on the west side of the County.

Although social workers are passionate and have the desire to provide good services, they have not always had the support they needed to be successful County social workers and community partners. They have also had difficulty identifying and building strong effective programs for our community and individuals. Partnerships are missing or are not strong and are very important when working with families. Sierra County strongly feels the focus of programs in the County should be on family preservation/family maintenance. Sierra County recognizes the lack of resources for families and individuals and would like to assist our community partners to increase program capacity as well as increase the number of services which are provided by utilizing SIP strategies.

PRIORITIZATION OF DIRECT SERVICE NEEDS

CDSS recommends each county choose three to four outcomes or systemic factors to focus improvement efforts by developing SIP strategies. Outcomes and/or systemic factors not chose for inclusion in the SIP will continue to be monitored by both our County and the CDSS at least quarterly. If during the process of addressing the chosen systemic factors, another systemic factor and/or outcome come to the attention of the County, a plan will be put in place to address the need. Our County chose to focus on three systemic factors for the 2015 – 2020 SIP cycle:

- Staff, caregiver and service provider training,
- Agency collaboration, and
- Service Array.

Sierra County does recognize priority needs which are not systemic factors were highlighted in the CSA. Although these needs may not receive focus through a SIP priority and perhaps strategy, it is our belief that addressing systemic factors is the first step to providing better service. Any improvement made in systemic factors will naturally have a ripple effect which will touch various priority needs in the community in different ways. Also, many of these needs can be addressed by enhancing or developing more preservation efforts. Three of the strategies will directly involve our FRC partners who serve many of families who have priority needs which came from the CSA. It should also be noted with the creation of the task force, some of these needs may become immediate and rise to a priority for this group.

It appears from information collected during the CSA process the children at greatest risk of maltreatment are identified as ages 1-2 and ages 11-15. The highest number of allegations (referrals) made in 2013 included youth between the ages of 11 and 15; however, that same year, the largest numbers of *substantiated* allegations were for children ages 1 and 2 (See CSA p. 32, 34). As is evident from services in the community, many children under preschool age are not often seen regularly in the community or by professionals with the exception of perhaps medical appointments. Because there is a lack of visibility due to age appropriate activities and/or family isolation it is important to reach out to these families. As noted in the CSA, youth ages 6-10 and 14-17 represent a substantial portion of the child population in the County (See CSA p. 26, 32). Youth between ages 11-15 also represent the highest number of referrals. Many factors could contribute to these numbers. Because we are a small community with few activities, these are also the ages of youth that begin to have some autonomy and independent time. If youth are not kept busy, their unsupervised time can develop into other problems in the home.

The Peer Review and Stakeholder identified limited jobs, transportation and activities for youth as concerns. Because 16.8% of Sierra county residents live below poverty level, they are living in homes that are in need of repair or are isolated. Two trailer parks exist in Sierra County that have historically been poor quality, yet affordable for individuals. There may be empty and available homes, but the rent many times is too high for the families that are underemployed or unemployed. Employment is seasonal. Forty percent (40%) of our County residents travel at least an hour to larger communities outside of our County to gain employment.

Identified in the Peer Review, many allegations made to CPS are either due to substance abuse or domestic violence (See CSA, p. 73, 110). CPS is communicating with AOD and MHSA to identify ways to partner and enhance existing AOD and behavioral health programs to meet the needs of our community. Providing support to families affected by domestic violence has been difficult in Sierra County. The Sierra SAFE Program is a center for rape crisis and domestic violence located in Loyalton. This program serves the County; however, due to recent loss of funding, it is not open full time. The domestic violence safe shelter is located in Quincy (Plumas County). This service provides emergency food, clothing and transportation. They also offer counseling for victims and children, legal assistance and restraining orders, Court accompaniment, assistance in housing and employment searches. The Victim Witness Program for Sierra County is located in Downieville at the Courthouse. Development of domestic violence programs or enhancing them will not be a part of the SIP at this time. More information regarding needs of the community is necessary. For example, when individuals are asked what type of domestic violent services are needed in the community, many law enforcement or legal professionals may believe the need is for perpetrators, while many social services professionals may see the need for the victim.

On-going meetings are occurring to create a referral process and discuss expectations of both CPS and the FRC. This referral process should allow access by other Health and Human Services programs as well as community partners. CPS, the FRC and the C-CFSR team have reviewed notes from the Peer Review and the Stakeholder meeting and determined implementation of a home visiting program would be instrumental in meeting the needs of families while addressing concerns from CPS, Probation, community child care providers as well as the Court. For example, to meet community need, this home visit program could include a parenting and/or literacy component only to name a few. The FRC along with CPS contribution will identify a program or programs to meet the needs of the referring agencies. As one might expect, a home visiting program should naturally include children recognized as having the greatest risk of maltreatment. Many of these same families are likely to be those who are within that 16.8% of residents living below poverty level or in substandard housing.

It is important evidence-based or evidence-informed programs are implemented. This provides a strong basis for success because these programs are documented to have scientific evidence or study to support the program. Head Start and Nurse Family Partnerships are evidence-based programs. Evidence-informed practice is also a strong foundation because it allows providers to design and initiate county specific programs using the best available knowledge and research around a particular need. Strengthening Families is an example of evidence-informed practice.

Because Sierra County will be focusing on systemic factors and prevention programs, our SIP strategies and their identified action steps implement changes in monitoring and/or utilizing OCAP funds. There are plans for prevention activities which require coordination between agencies. These potentially new partnerships will be explored further during this five year SIP period. The funded programs will emphasize whole community and joint agency responses to child abuse prevention, intervention and treatment service needs. Changes to any program or activities that are funded by CAPIT/CBCAP/ PSSF funds will be discussed with OCAP and documented in any Annual OCAP and/or SIP Report.

Sierra County has stated in previous documents it utilizes Differential Response; however, the County has been utilizing more of an alternative response. CPS and the FRC would like to implement a true Differential Response partnership. This partnership will allow for least restrictive intervention while providing a more systematic, measurable approach. Differential Response has three referral paths, which are assigned by the social worker based on information taken from the initial call or report, intake or hotline:

Path 1: Community Response – Selected when a family is referred to CPS for child maltreatment but as a result of the hotline/pre-contact assessment indicates the allegations do not meet statutory definitions of abuse or neglect. Indications present

the family is experiencing problems. Families are linked to voluntary services such as counseling, parenting classes or other supportive options to strengthen the family.

Path 2: Joint CPS and Agency Partners Response – Involves families in which the allegations meet statutory definitions of abuse and neglect who are assessed to be at low to moderate risk of repeat maltreatment. Assessments indicate that with targeted services a family is likely to make needed progress to improve child safety and mitigate risk. Emphasizes teamwork between CPS and interagency or community partners, providing a multidisciplinary approach in working with families.

Path 3: Child Welfare Services Response – Most similar to CPS’s traditional response. Initial assessment indicates the child is not safe. With the family’s agreement whenever possible, actions must be taken to protect the child. Court orders and law enforcement may be involved.

The County receives CBCAP, PSSF and CAPIT funds, which combined with funds from Children’s Trust Fund (CCTF) and First 5 Sierra, help support a network of community prevention and intervention efforts to achieve positive outcomes for children and families.

Health and Human Services is the public agency that is designated by the BOS to administer CAPIT and CBCAP funds. They are allocated by a Board of Supervisors Agreement for Professional Services dated July 8, 2014, between the County and Sierra County Child Abuse Prevention Council (SCCAC) along with CCTF. SCCAC is incorporated as a non-profit corporation whose primary purpose is to coordinate the community’s efforts to prevent and respond to child abuse. SCCAC promotes public awareness of child abuse and neglect, promotes the resources available for intervention and treatment and makes funding recommendations to County BOS. SCCAC also serves as the PSSF collaborative, which is the planning body for the PSSF funds. The entire CBCAP allocation is deposited into the CCTF.

SCCAC consists of representatives including professional staff, agency staff and community members. SCCAC makes every effort to include parents on the council and has had parents serving as officers. Recruitment and retention of parents has been challenging at times due to shifting family commitments and work schedules that conflict with meeting times. An attempt is made to include parents in a variety of roles within CPS or with community partners programs. The intent during the next five years is to help parents understand the important role they play in the planning, training and evaluation process of service delivery, and observe more involvement in this role.

Following is the SCCAC Board of Directors, their roles, and community role:

Sara Wright, Chairperson – Victim Witness Program, Retired

Rebecca Kinhead, Vice Chairperson – Sierra County Probation Department, Retired

Suzanne Shelton, Treasurer – Program Manager, Sierra SAFE Program

Danny Henson, Secretary – AOD Counselor, Sierra County AOD

Maria Isabel Ramirez, Parent/Community Member

Scott Schlefstein, Sierra County Board of Supervisors

Jamie Shiltz, Social Worker, Sierra County CPS

Shanna Anseth, Public Health Nurse, Sierra County Public Health

This SCCAC offers a unified voice for child abuse prevention in Sierra County while supporting projects that have a direct positive effect on child abuse prevention and service delivery for families. They facilitate awareness and educate and communicate the worth of prevention activities surrounding child abuse and link families in need with resources – especially the most vulnerable. They help define the systems and services needed in Sierra County to prevent child abuse and neglect, while working to strengthen partnerships which impact service results and broaden resources to ensure the safety and permanence and well-being of every child and family in Sierra County.

The County contracts with the FRC to provide aforementioned alternative response services to community members. Invoices are submitted providing information about the programs, services, and/or activities funded with the CCTF funds. Previously this information has been published on the Sierra County website. It has previously been published in the minutes of the SCCAC meetings, per the Sierra County SIP from April 2011. It has not yet been determined where this information will be published; however, it will be published in SCCAC meeting minutes. Since Sierra County receives less than \$20,000 in child birth certificates fees, Sierra County receives addition CBCAP funds to bring the CCTF up to \$20,000. The funds deposited into the CCTF through CBCAP must adhere to CBCAP requirements.

Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention Intervention and Treatment (CAPIT)

The CAPIT and PSSF funds are administered by Health and Human Services to support an integrated system of local prevention, intervention and treatment services including but not limited to a FRC, parenting education, respite and child care, family outreach and other services as determined by need. Both CAPIT and PSSF allocations are providing funding for SCCAC and Toddler Towers. A small portion of the PSSF (FP, FS, TLFR) funds will be utilized in-house or Fee for Service based on the family's needs.

Community-Based Child Abuse Prevention (CBCAP) Funds

The BOS signed a Notice of Intent on June, 7, 2011, stating the County intends to contract with public and/or private non-profit agencies to provided services funded by CAPIT,

CBCAP funds. On July 8, 2014, the BOS signed an Agreement for Professional Services with SCCAC. This Agreement appoints the Director of Sierra County Human Services as the designated representative of the County who will administer this Agreement for the County. SCCAC is incorporated as a non-profit corporation whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse. The SCCAC makes funding recommendations to the County BOS. The SCCAC has also served as the PSSF collaborative, which is the planning body for PSSF programs and funds. In the CSA, it stated the PSSF collaborative would be changed to the C-CFSR planning team (See CSA p. 48). This was the expected role when the aforementioned task force was brought together. It has now been determined this group is not ready for this type of role. It may be revisited later in the SIP cycle.

Child Welfare Services Outcome Improvement Plan (CWSOIP)

CWSOIP funds have been used to fund services related to alternative response. These services include family assessment, referrals to community based training such as parenting skills, respite/child care and counseling. The FRC is researching evidence-based and evidence-informed home visiting program(s) that will be available to families with children of all ages. This tends to be a difficult task when trying to reach all developmental stages of children. It is likely more than one curriculum will be chosen to meet different age group needs. Also, after a home visiting program has been implemented, other needs may be recognized by the home visiting professional. CPS and the FRC will create a referral system for community partners. This may include but not be limited to youth and adult probation, family law and drug Court, school, medical professionals, etc.

These funds are also targeted to help improve outcomes for our community partners, for example, assisting the FRC in purchasing curriculum for parenting classes or other programs allowing them to access evidence-based and evidence-informed program(s). A social worker could provide services at the FRC to streamline services for shared families and help provide a seamless approach to services.

In the past, Probation utilized the allocation to provide training to Probation staff in the Positive Achievement Change Tool (PACT) as well as enhancement and utilization of the Commence system. PACT is a computer based program providing a needs assessment and risk evaluation of juveniles on probation. The Commence system is used to track services provided to Probation youth, document visits between Probation and youth and provide reports to be used in assessment of services.

The OCAP Liaison has historically been an individual in the Health and Human Services Fiscal Department. This responsibility has transitioned by maintaining the fiscal responsibility with the same position; however, the direct contact/liason for service providers in regards to services provided and development of programs will now be the Social Worker Supervisor. The program liaison ensures all program and statistical requirements are met in a timely manner.

Both the program and fiscal liaisons work together to process contracts under CAPIT/CBCAP/PSSF as well as the CCTF. The fiscal liaison reviews billing, monitors contracts and state reporting. The program liaison provides technical assistance and support to subcontractors, seeking guidance from our OCAP State partners as needed. The program liaison also disseminates prevention information to the appropriate entities throughout the County and has ongoing communication with the SCCAC and other key prevention partners and CDSS OCAP.

Since the CDSS OCAP is the State lead agency for CAPIT/CBCAP/PSSF programs, the County liaison(s) will inform the CDSS OCAP program consultant of any changes in county liaison contact information.

Child Welfare/Probation Placement Initiatives

Sierra County Probation does not participate in the Title IV-E program which allowed for their non-participation in the Peer Review Process [Attachment 1]. If a placement were to occur, Probation could choose to use Title IVE funding and a plan would be submitted. Probation input has been vital to the CSA and SIP. The Probation Department has hosted the task force meetings facilitated by CPS and Eligibility. Their participation in this task force has been significant in this new team process.

Sierra County has a program implementation plan addressing children identified to fall within the Katie A. subclass. For every child age five and older who is removed from the home, the social worker will make a referral to Behavioral Health. A referral will be made for those under age five should behavior warrant an assessment for services. All social workers, the Social Worker Supervisor and the Assistant Director of Health and Human Services as well as the Behavior Health team members will attend staff meetings which focus on new referrals, staff ongoing cases, and coordinate follow up/services for all open cases. The Assistant Director of Health and Human Services, along with the Social Worker Supervisor, will utilize staff meetings to verify all newly identified children/youth within the system are accessed for membership to the Katie A. subclass. This constant review of referrals and staffing of all cases will allow the leadership of the Department to also distinguish if any children/youth fall into any of the listed classifications:

- Children/youth who are receiving intensive Specialty Mental Health Services through a Wraparound Program or Full Service Partnership Program consistent with the Core Practice Model, but not claimed as Intensive Care Coordination (ICC) or Intensive Home-Based Mental Health Services (IHBS).

- Children/youth are receiving other intensive Specialty Mental Health Services, but not receiving ICC or IHBS.
- Children/youth are receiving services not listed as the two options above or ICC or IHBS.
- Children/youth who are not receiving any type of Specialty Mental Health Services.
- Children/youth who declined ICC or IHBS services.

Sierra County Behavioral Health Department has implemented Kings View Corporation for Electronic Health Record Information System and All Pay Sources Billing Services. This system will allow Sierra County to claim for ICC and IHBS services. At this time Sierra County Health and Human Services is not a MediCal agency. Once the medical record software implementation is completed and Sierra County feels the program is working well, Sierra County will pursue the process to become MediCal approved for Mental Health.

Five-Year SIP Chart

Strategy 1:

Improve Community Perception of Health and Human Services

This strategy will affect all three chosen systemic factors: Quality Assurance, Agency Collaboration and Service Array. During the Peer Review and the Stakeholder meeting, many concerns were noted regarding the negative perception the community has of CPS. It was noted it is not CPS alone, but other Health and Human Services departments as well. It might also be important to recognize that the negative perception is not held by individual residents alone; it also represents the opinions of professionals and agencies, businesses and companies within the County.

At times, the impact of this negative perception has affected social worker's ability to provide services. As the five year SIP progresses, Sierra County will continue to work hard to change the community perception of Health and Human Services. This will take some time and include the assistance of our community partners. All of the chosen strategies will affect our public image although successfully completing those strategies alone will not change perceptions. This will take hard work on the individuals employed by Health and Human Services to continue to provide strong effective services and become a positive active participant in the community.

Sierra County plans to focus on improving print and electronic media which is provided or made accessible to the public, provide and share trainings with the community, participate in

community meetings and events, and provide more accessibility to staff on the west side of the County. Providing presentations and mandated reporter trainings will build relationships and improve agency collaboration.

This will be measured and monitored through increased positive contact with the community. This may be from person to person contact, survey of program participants and collaterals as well as increased participation in trainings and their evaluation responses.

Strategy 2: Collaborate with other Health and Human Services Programs and Community Programs/Agencies

This strategy will affect two chosen systemic factors: Quality Assurance and Agency Collaboration. Sierra County has a strong working relationship with Eligibility which includes CalWorks. This relationship will be further strengthened by more cross training as well as a one time a month joint staff meeting. Staff from Eligibility, Public Health, Behavioral Health and OAD will participate in more home visits as applicable.

For less formal, but necessary multi-program meetings/staffing, a Red Team and a Green Team meeting may be called. The Red Team is designed to quickly crisis problem solve family incidents, for example, risk of removal due to current investigation. The team will include supervisors of all Health and Human Services program as well as any assigned staff. The goal is to discuss supports already in place and identify those that can immediately be added to increase the likelihood of maintaining the family in the home. The Green Team is less crisis oriented and can be more planful. This Team would come together when one program already working with the family may be “stuck”. This meeting may be a Family Safety Mapping comprised of professionals only or something less structured. The goal of this Team is to again, discuss supports already in place and identify those that are needed, but rather than immediate crisis management, a plan is put into place that involves all appropriate programs which will assist the family in their decision process. This approach provides a more whole family whole services approach.

A work group/multidisciplinary team will be developed to create policies and procedures for sharing information and working as teams across disciplines and through partnerships. This might include creating documents which allow for information sharing and team collaboration. They would meet regularly as new cross program/agency cases are identified to ensure everyone has all of the same information.

Northern Regional Training Academy will continue to provide SOP coaching for CPS staff. These coaching exercises will be opened up to other County programs and partnering agencies

as appropriate. CPS will practice SOP in the field and include partnering agencies as necessary.

This will be monitored through surveying family participants and collaterals, and/or monthly collaborative meeting participation and reports. There will also be continual conversation of partners to assure all agency needs are being met. The addition of new collaborative partners is another way success will be monitored.

Strategy 3:

Initiate a Quality Assurance/Quality Improvement (QA/QI) Plan

This strategy will affect all three chosen systemic factors: Quality Assurance, Agency Collaboration and Service Array. The Department has expressed the need for QA/QI to monitor OCAP funds and programs. An invoice system was initiated last year. This system will be improved during the next SIP year as the County focuses on the needs of families in the community and the services which are provided. The invoice system will be altered to include information necessary for Annual OCAP reporting. An active effort is being made to strengthen existing working relationships which will allow for better communication and monitoring of services provided. Creating a standard QA/QI system to monitor OCAP funds is included in this strategy. It is believed this will improve Sierra County programs and services which are provided to the community.

The Social Worker Supervisor along with administration and the social worker are creating and documenting new daily processes which will enhance current services. A new intake form has been created, Court reports and Findings and Orders templates have been identified and/or created. Our investigation process now includes identifying relative and/or kin connections to identify placement possibilities. An emergency relative/kinship placement procedure has been put into place in the event a child is removed from their home. Multi-Ethnic Placement Act (MEPA), Indian Child Welfare Act (ICWA), child care and any other cultural needs for children and family coming into care will be included in the creation of Sierra County processes. Sierra County has been reaching out and networking with other counties to identify their processes that can be adopted or changed to fit Sierra County's needs. County only forms will continue to be created to fit the needs of the social workers. For example, a check list to close a referral may be necessary. This is an ongoing process Sierra County is committed to making. Sierra County will continue to monitor all existing processes and will revise and/or develop new policy and a procedure as the SIP cycle progresses; however, the Department will not be focusing on policy and procedures as a SIP strategy.

The State implemented Case Review System will begin. Currently an existing staff member in Public Health has been participating in training classes and coaching calls. The success of the Case Review System will be monitored by the ability to meet State expectations

and the ability to address any concerns identified in the individual reviews. The Case Review System and the Desk Review described below identifies any need for staff training and policy clarification.

A Desk Review will include validation required forms are present, completed and contain appropriate signatures. The purpose of the Desk Review is to provide information for consistent case management and program uniformity, as well as assure compliance with State and County CPS regulations. There will be a focus on day to day procedures, use of county only forms, and other case documentation such as SDM which was identified as a need to be addressed during the Peer Review. Additionally, the Desk Review confirms the information in the case record accurately reflects the family's current circumstances.

As Desk Reviews are completed, they are submitted to the social worker supervisor for review. Review results may include recommended correction and improvement activities. The social worker supervisor and the social worker will staff all Desk Reviews. If additional correction and improvement activities are necessary, a plan of action will be created. If all parties are in agreement with the findings, and necessary correction and improvement activities have been accomplished, the Desk Review process is considered complete. If an issue cannot be resolved, it will be elevated to the Assistant Director of Health and Human Services for resolution.

Strategy 4: Expand Service Array Provided to Community

This strategy will affect all three chosen systemic factors: Quality Assurance, Agency Collaboration and Service Array. Sierra County, like many small counties, has limited resources. From meetings with Stakeholders, it is apparent many resources have “vanished” or “drifted away” over the years. It also seems the poor perception of Health and Human Services in addition to poor relationships with community members and agencies has made it difficult to maintain programs. The FRC and Toddler Towers are the two programs in Sierra County that currently service children and families. Toddler Towers programs, at this current time, are much more defined. At one point, communication between CPS and the FRC diminished and at times appeared strained. This may have contributed to outdated curriculum and programs designed to meet community needs, but lacking in evidence-based/evidence-informed programs. Staff time at the FRC has gotten smaller and the activities in the community have also recognizably reduced.

CPS would like to collaborate with other Health and Human Services programs to enhance and develop programs that could reach to a wide audience. For example, the school has a Student Attendance Review Board (SARB). At the end of the school year, the Board

entertained suggestions for improvement. CPS would like to see a referral system put into place for the children/youth on the “watch list”. This intervention could prevent a child/youth from moving from the “watch list” to the SARB list. MHSA is interested in creating an Attendance Advocate position. By partnering with MHSA, the home visit program with the FRC could be expanded. This is only one example of inter-program partnering that could occur.

To increase capacity for the FRC and MHSA activities, Sierra County will submit an AmeriCorp application in 2016. This would allow for funding individuals to promote programs and provide services. It could also assist in job training and encouraging those hired to continue to higher education.

Sierra County will implement a minimum of one collaborative program by August 2018 with another Health and Human Services program or another community partner such as the school. This strategy will be monitored on a continual basis by program and participant surveys and focus groups. The task force will be an on-going source of feedback for the use of existing programs and the need for enhancing or creating new programs.

Strategy 5: Increase Services Provided by FRC and OCAP funds.

This strategy will affect all three chosen systemic factors: Quality Assurance, Agency Collaboration and Service Array. CPS is having active exciting meetings and conversations to purchase curriculum for a home visit program, development of programs for youth in the community. A social worker could provide services at the FRC to streamline services for shared families and help provide a seamless approach to services. CPS will be assisting with funding in a new way by utilizing CWSOIP funds. Conversations with the FRC have also included an expansion into the west side of the County by identifying a common location where services could be provided by the FRC. The FRC has reached out to isolated families and is interested in finding new ways to serve this population.

It will be important when developing programs that the FRC and CPS consider programs that are multi-generational and are whole health. These programs could include support groups, yoga classes, developing a place to teach independent living skills such as budgeting and grocery shopping to name a few to be taught to both children/youth and adults. Other whole health programs might include exercise such as yoga or Frisbee golf or perhaps nutrition and cooking. The FRC has had a cooking class in the past that taught nutrition. This class could address the need to develop independent living skills for all members of the community. There is on-going communication regarding implementing this program again.

A need identified in the CSA was community activities for youth (See CSA p. 13, 14, 60,

73, 108 and 110). FRC had an after school program in the past. CPS and the FRC are currently in the planning stage to bring this program back to life for Fall 2015.

This strategy will be measured by implementation and participation of new programs, or revitalizing old programs that were successful. It will be monitored on a continual basis by program and participant surveys and focus groups. The task force will be an on-going source of feedback for the use of existing programs and the need for enhancing or creating new programs.

The SIP Chart reflecting Strategies and Action Steps as described above can be found attached to this document [Attachment 2].

CAPIT/CBCAP/PSSF Expenditure Workbook

Sierra County Department of Health and Human Services does not operate on general funds. The Department manages funds from a variety of sources including Title IV-B, Title IV-E, Title XIX and Title XX of the Social Security Act as well as Temporary Assistance to Needy Families (TANF). These Federal funds are matched by the State of California and local County funds, mostly from realignment, that are available to support program operations. Grants such as FEMA and County Services Block Grants are used to support some programs. The County also receives CBCAP, PSSF and CAPIT funds, which combined with funds from Children's Trust Fund (CCTF) and First 5 Sierra, help support a network of community prevention and intervention efforts to achieve positive outcomes for children and families.

CAPIT was realigned to the Protective Services Subaccount in 2011 and is passed through to our community partners based on the original State allocation of \$60,000. CAPIT is claimed through the quarterly County Expense Claim (CEC).

CBCAP and CCTF funds are deposited to the County Children's Trust and are overseen by the Child Abuse Prevention Council. The CBCAP and CCTF funds are distributed to the Family Resource Center on an annual basis after notification of availability, generally during the months of April or May. CBCAP funds are federal and are subject to the federal review process, conducted annually through the County Single Audit.

PSSF funds are also subject to the federal review process. PSSF is administered by the County and claimed through the quarterly County Expense Claim (CEC). Periodic monitoring is conducted throughout the fiscal year by county staff to assess how the funds are being spent categorically. Because Sierra is so small, it is particularly difficult to expend the full 20% in the Adoptions Promotion and Support, and Time-Limited Family Reunification categories, however

Sierra is committed to improving their ability to spend out all four required elements of the PSSF allocation.

CAPIT/CBCAP/PSSF funds and CCTF funds are utilized to supplement, not supplant, other State and local public funds and services. Funding is maximized by leveraging funds for establishing, operating and expanding community based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.

The Expenditure Workbook can be found attached to this document [Attachment 3].

CAPIT/CBCAP/PSSF Program and Evaluation Description

The CAPIT/CBCAP/PSSF Program and Evaluation Description for Toddler Towers and the High Sierras Family Resource Center can be found attached to this document [Attachment 4A and 4B].

Notice Of Intent

The Notice of Intent can be found attached to this document [Attachment 5].

Board of Supervisors Minute Order/Resolution

The BOS Minute Order/Resolution can be found attached to this document [Attachment 6].

Attachments

ATTACHMENT 1



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Hon. John P. Kennelly
Hon. Charles H. Ervin
Superior Court Judges

DATE: June 18, 2014
TO: David Brownstein, LCSW
CDSS, Outcomes and Accountability Bureau Social Services
Consultant III
FROM: Jeff Bosworth

By way of background, Sierra is a very small county, with a population of only 3,200. We also have a correspondingly low juvenile caseload. When I was appointed chief probation officer in April 2009, we had six juveniles on formal probation. Today we only have three (plus one interstate compact), none of whom are at risk for out of home placement at the present time. Our last juvenile booking was released from custody in early May 2012. Our last out of home placement (foster home) ended in October 2012. Our last group home placement ended in June 2011.

The department stopped claiming IV-E around July of 2012. Because payments were given in advance and our numbers were declining, we ended up owing what for this county was a large sum. At that point, we decided to pay the debt and stop making any further claims. We were told that if we ever needed to start claiming again in the future, we could start anew. When Sierra County probation determines that the use of Title IV-E funds are necessary to support the placement of a juvenile offender in foster care the agency may elect to do the following:

- 1) Contact the California Department of Social Services to obtain technical assistance on placement laws and regulations for use of Title IV-E funding and supervision and provision of services to a youth in the foster care program.

Because we are so small, we have the luxury to spend time on individual cases as needed. On the negative side, it is difficult to keep up a suitable level of expertise on areas in which you don't practice for three or four years, placement laws and regulations being probably the best example.

5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor: Staff, Caregiver and Service Provider Training

National Standard:

CSA Baseline Performance: Sierra County is not providing training to caregivers or service providers. Staff missed approximately two Core trainings held out of County each in 2014 due to weather and/or insufficient staff coverage.

Target Improvement Goal: Sierra County will increase the number of contracted UC Davis training from 6 to 10 in 2015. Of these 10 trainings, a minimum of 2 trainings will be offered to Stakeholders each year. Additionally, Sierra County will offer two non-UC Davis contracted trainings to staff and Stakeholders each year. Staff will miss no more than one training each year due to travel or insufficient office coverage.

Priority Outcome Measure or Systemic Factor: Agency Collaboration

National Standard:

CSA Baseline Performance: Sierra County currently collaborates with Toddler Towers and High Sierra Family Resource Center.

Target Improvement Goal: Sierra County will increase the number of collaborative partnerships by a minimum of one agency per year until year 2020.

Priority Outcome Measure or Systemic Factor: Service Array

National Standard:

CSA Baseline Performance: Current hours of operation at the FRC are 26-31 hours a week.

Target Improvement Goal: The facility will maintain one full time staff with a minimum of two part-time staff by year 2017. By the end of this SIP cycle, 2020, the FRC will be open for operation at a minimum of 35 hours a week.

Priority Outcome Measure or Systemic Factor: Quality Assurance System

National Standard:

CSA Baseline Performance: Sierra County currently has no quality assurance system.

Target Improvement Goal: Sierra County will have a County employee who has completed all trainings for the State initiated Case Review System by December 2015. Sierra County will review all cases selected by the State for review each year during this SIP cycle. Ninety-five percent (95%) of the CPS caseload files (which includes cases and referrals) with the exception of those chosen for the State Case Review System will have a Desk Review which consists of a review of everything in the paper and/or electronic file.

Strategy 1: Improve community perception of Health and Human Services.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Staff, Caregiver and Service Provider Training Agency Collaboration Service Array		
	<input checked="" type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
A. Redesign Health & Human Services website.	August 2016	August 2017	Director Assistant Director Social Worker Supervisor Eligibility Supervisor Public Health Supervisor	
B. Increase public awareness of services by participating in community meetings held by other agencies and/or social groups and meeting with community partners 1:1.	July 2015 And Ongoing	July 2016 And Ongoing	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities	
C. Notify public by website, newspaper, or direct mailing Mandated Reporter Training schedules to community and county partners/providers.	September 2016 And Ongoing	September 2017 And Ongoing	Director Assistant Director Social Worker Supervisor	

D. Increase UC Davis in-county training contract from 6 to 10 per year. Invite community partners.	July 2015	July 2015	Director Assistant Director Social Worker Supervisor Eligibility Supervisor Fiscal Supervisor
E. Regularly staff the Downieville office with a social worker at a minimum of 3 days per week.	July 2016 And Ongoing	July 2017 And Ongoing	Social Worker Supervisor Social Worker
F. Monitor through survey of program participants, survey of collaterals, and/or training and monthly collaborative meeting participation and reports.	July 2016	July 2019	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities
G. The information gathered from the above efforts will be discussed at CPS staff meetings at a minimum of one time a month. This information will also be brought to management meetings for discussion among all Health and Human Services Programs.	July 2016	July 2019	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities

Strategy 2: Collaborate with other Health and Human Services Programs & Community Programs/Agencies	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Agency Collaboration Quality Assurance		
	<input checked="" type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
A. Develop a work group/multidisciplinary team to create policies and procedures for sharing information.	July 2016	December 2016	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities	
B. Create a "Red Team" which would include all Health and Human Services programs for crisis staffing. Create a "Green Team" which would include all Health and Human Services programs for case solution staffing.	December 2016 And Ongoing	June 2017 And Ongoing	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities	
C. Continue UC Davis coaching and include other Health and Human Services Programs and Community Programs/Agencies.	August 2015	August 2016	Social Worker UC Davis Regional Training Academy Partnering Public Entities	
D. Monitor collaborations through survey of clients, survey of collaterals, and/or monthly collaborative meeting participation and reports. Also monitor by the number of new collaborative partners.	December 2016	July 2019	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities	

<p>E. The information gathered from the above efforts will be discussed at CPS staff meetings at a minimum of one time a month. This information will also be brought to management meetings for discussion among all Health and Human Services Programs.</p>	<p>July 2016</p>	<p>July 2019</p>	<p>Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities</p>
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Strategy 3: Initiate a Quality Assurance/Quality Improvement (QA/QI) Plan	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality Assurance Agency Collaboration Service Array		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
A. The County will oversee and monitor the OCAP grantee(s) via contracts which identify specific activities with a program outcome and client satisfaction.	July 2015 And Ongoing	July 2016 And Ongoing	Social Worker Supervisor Fiscal Supervisor FRC Director	
B. The Efforts to Outcomes (ETO) web-based program will be utilized to monitor funds and programs on a more “real time” basis for County as well as provide information to CDSS OCAP.	July 2015 And Ongoing	July 2016 And Ongoing	Social Worker Supervisor Fiscal Supervisor	
C. Develop and implement a Desk Review process.	January 2016	July 2016	Social Worker Supervisor Social Worker(s) Identified Reviewer(s)	

D. Create forms to be utilized by social workers to ensure uniformity/consistency of services provided.	July 2015 And Ongoing	July 2016 And Ongoing	Social Worker Supervisor Social Worker(s) Identified Reviewer(s)
E. Review existing desk guides and/or policies and procedures and modify to meet County needs.	September 2016 And Ongoing	July 2018 And Ongoing	Director Assistant Director Social Worker Supervisor Social Worker(s) Identified Reviewer(s)
F. Use of forms, update of desk guides and/or policy and procedures will be monitored through Desk Reviews.	January 2016 And Ongoing	January 2017 And Ongoing	Social Worker Supervisor Social Worker(s) Identified Reviewer(s)
G. Case Reviews and/or Desk Reviews will be monitored through meetings between the social worker supervisor and the reviewer.	January 2016 And Ongoing	February 2016 And Ongoing	Social Worker Supervisor Identified Reviewer(s)
H. The information gathered from the above efforts will be discussed at CPS staff meetings at a minimum of one time a month. This information will also be brought to management meetings for discussion among all Health and Human Services Programs.	July 2016	July 2019	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities

Strategy 4: Expand Service Array Provided to Community	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Staff, Caregiver and Service Provider Training Agency Collaboration Service Array Quality Assurance System		
	<input checked="" type="checkbox"/> CBCAP			
	<input checked="" type="checkbox"/> PSSF			
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
A. Collaborate with other Health and Human Services Programs and/or community partners to identify and implement a minimum of one collaborative program/activity.	January 2016	July 2017	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities	
B. Increase capacity at FRC through volunteers and/or Health and Human Services staff present at the FRC.	July 2015	December 2016	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities	
C. Submit Americorp application and utilize Americorp staff through FRC and MHSA activities. Submit yearly application for Americorp grant.	June 2016	June 2017 June 2018 June 2019	Social Worker Supervisor MHSA Coordinator FRC Director	

D. Program monitoring will included, but not be limited to, program surveys, participant surveys and focus groups.	April 2016 And Ongoing	July 2016 And Ongoing	Social Worker Supervisor MHSA Coordinator FRC Director
E. FRC capacity will be monitored through the number of person's providing services and the number of hours the FRC is open.	July 2015 And Ongoing	June 2016 And Ongoing	Social Worker Supervisor FRC Director
F. The information gathered from the above efforts will be discussed at CPS staff meetings at a minimum of one time a month. This information will also be brought to management meetings for discussion among all Health and Human Services Programs.	July 2016	July 2019	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities

Strategy 5: Increase services provided by FRC through OCAP funds.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Agency Collaboration Service Array Quality Assurance		
	<input checked="" type="checkbox"/> CBCAP			
	<input checked="" type="checkbox"/> PSSF			
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:	
A. Implement an after-school program at the FRC.	August 2015	August 2015	Social Worker Supervisor Social Worker FRC Director	
B. Identify and implement a home visiting program with a parent education component to be delivered by the FRC.	December 2015	March 2016	Director Assistant Director Social Worker Supervisor FRC Director	
C. Implement Differential Response.	December 2015	December 2016	Social Worker Supervisor Fiscal Supervisor FRC Director	
D. Identify and implement a whole health programs, i.e. exercise, nutrition, etc provided by the FRC.	December 2016	July 2016	Director Assistant Director Supervisors in CPS, Eligibility, Public Health, & Behavioral Health Partnering Public Entities	

E. Increased service array will be monitored by the number of services added and/or an increase in the number of individuals/families served.	August 2015	March 2020	Social Worker Supervisor FRC Director
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